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APPLICANTS

Eiichi Momotani, Ibaraki, JAPAN;
 Yasuyuki Mori, Ibaraki, JAPAN;
 Hirokazu Hikono, Ibaraki, JAPAN;
 Joram Josephat Buza, Tsukuba-shi, JAPAN;

**** CONTINUING DATA *******

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**** FOREIGN APPLICATIONS *********** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ****
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35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Initials	JAPAN	7	3	2

ADDRESS

ANTONELLI, TERRY, STOUT & KRAUS, LLP
 1300 NORTH SEVENTEENTH STREET
 SUITE 1800
 ARLINGTON, VA 22209-3873
 UNITED STATES

TITLE

Diagnostic Method for Paratuberculosis

FILING FEE RECEIVED 1160	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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